Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
(615) 532-0625

APPLICATION FOR A STATE OPERATION PERMIT (SOP)

Type of application: ☐ New Permit ☑ Permit Reissuance ☐ Permit Modification

Permittee Identification: (Name of city, town, industry, corporation, individual, etc., applying, according to the provisions of Tennessee Code Annotated Section 69-3-108 and Regulations of the Tennessee Water Quality Control Board.)

Permittee Name (applicant): Town Of South Carthage

Permittee Address: 106 South MAIN Carthage TN 37030

Official Contact:	Title or Position:		
Albert W. Thompson	Collection system operator		
Mailing Address:	City:	State:	Zip:
106 South MAIN	Carthage	TN	37030
Phone number(s): (615) - 735 - 2727 (615) - 489 - 3682	E-mail:		

Optional Contact:	Title or Position:		
Jimmy Wheeler	MAyor		
Address:	City:	State:	Zip:
106 South MAIN	South Carthage	TN.	37030
Phone number(s): (615) - 735 - 2727	E-mail:		

Application Certification (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title: print or type	Signature	Date
Jimmy S. Wheeler	Jimmy S Wheeler	8-10-11

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Permit Number: SOP-91-209

Facility Identification:	**Existing Permit No.** 91-209
Facility Name: Town of South Carthage	County: Smith
Facility Address or Location: 106 South Main Carthage TN. 37030	Latitude: 36,2333
	Longitude: 85,9500

Name and distance to nearest receiving waters: Discharge to Carthage WWTP

If any other State or Federal Water Wastewater Permits have been obtained for this site, list their permit numbers:

Name of company or governmental entity that will operate the permitted system: Town of South Carthage

Operator address: 106 South Main Carthage Tenn. 37030

Has the owner operator filed for a Certificate of Convenience & Necessity (CCN) or an amended CCN, with the Tennessee Regulatory Authority (TRA) (may be required for collection systems and land application treatment systems)? ☐ Yes ☑ No ☐ N A

If the applicant listed above does not yet own the facility site or if the applicant will not be the operator, explain how and when the ownership will be transferred or describe the contractual arrangement and renewal terms of the contract for operations.

Complete the following information explaining the entity type, number of design units, and daily design wastewater flow:

Entity Type		Number of Design Units		Flow (gpd)
☑ City, town or county	No. of connections:	450		80,000
☐ Subdivision	No. of homes:		Avg. No. bedrooms per home:	
☐ School	No. of students:		Size of cafeteria(s):	
			No. of showers:	
☐ Apartment	No. of units:		No. units with Washer Dryer hookups:	
			No. units without W D hookups:	
☐ Commercial Business	No. of employees:		Type of business:	
☐ Industry	No. of employees:		Product(s) manufactured:	
☐ Resort	No. of units:			
☐ Camp	No. of hookups:			
☐ RV Park	No. of hookups:		No. of dump stations:	
☐ Car Wash	No. of bays:			
☐ Other				

Describe the type and frequency of activities that result in wastewater generation

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Permit Number: SOP-91-209

Engineering Report (required for collection systems and or land application treatment systems): ☐ N/A

☐ Prepared in accordance with Rule 1200-4-2-.03 and Section 1.2 of the Tennessee Design Criteria (see for more information)

☐ Attached, or

☑ Previously submitted and entitled: Approved? ☑ Yes. Date: 1980 ☐ No

Wastewater Collection System: ☐ N/A

System type (i.e., gravity, low pressure, vacuum, combination, etc.):
GRAVity and low pressure

System Description:
Sewer lines 6 major Pump Stations / 6 domestic Stations

Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):
Pumper truck From Town of Carthage, generations

In the event of a system failure describe means of operator notification: System Checked daily

List the **emergency** contact(s) (name phone): WAyne Thompson (615)-735-2727

For low-pressure systems, who is responsible for maintenance of grinder pumps and septic tanks (list all contact information)?
Town of South Carthage. WAyne Thompson Operator

Approximate length of sewer (excluding private service lateral): (44,673 gravity Sewer) (13,200Ft. Force MAIN

Number hp of pump stations: 6 Number hp of grinder pumps 13

Number volume of low pressure pump tanks 7 Number volume septic tanks N/A

Attach a schematic of the collection system. ☐ Attached

If you are tying in to another system complete the following section, listing tie-in points to public sewer system and their location (attach additional sheets as necessary):

Tie-in Point	Latitude (xx.xxxx°)	Longitude (xx.xxxx°)
At Cordell Hull Bridge	36,2471	-85,9563

Land Application Treatment System: ☐ N/A

Type of Land Application Treatment System: ☐ Drip ☐ Spray ☐ Other, explain:

Type of treatment facility preceding land application (recirculating media filters, lagoons, other, etc.):

Attach a treatment schematic. ☐ Attached

Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):

For land application, list: ☐ Proposed acreage involved: ☐ Inches week to be applied:

Describe how access to the treatment area will be restricted if wastewater disinfection is not proposed:

Attach required additional Engineering Report Information (see for more information)

☐ Topographic map (1:24,000 scale presented at a six inch by six inch minimum size) showing the location of the project including GPS coordinates, latitude and longitude in decimal degrees should also be included.

☐ Scaled layout of facility showing the following: lots, buildings, etc. being served, the wastewater collection system routes, the pretreatment system location, the proposed land application area(s), roads, property boundaries, and senstive areas such as streams, lakes, springs, wells, wellhead protection areas, sinkholes and wetlands.

☐ Soils information for the proposed land disposal area in the form of an extra high intensity soils map (50 foot grid stake). The soils information should include soil depth (borings to a minimum of 4 feet or refusal) and soil profile description for each soil mapped.

☐ Topographic map of the area where the wastewater is to be land applied with no greater than two-foot contours presented at a minimum size of six inches by six inches.

☐ Describe alternative application methods based on the following priority rating: (1) connection to a municipal public sewer system, (2) connection to a conventional subsurface disposal system as regulated by the Division of Groundwater Protection, and or (3) land application

(continued)

Permit Number: SOP-_____

Pump and Haul:	☐ N A
Reason system cannot be served by public sewer:	
Distance to the nearest manhole where public sewer service is available:	
When sewer service will be available:	
Volume of holding tank: gal.	
Tennessee licensed septage hauler (attach copy of agreement):	
Facility accepting the septage (attach copy of acceptance letter):	
Latitude and Longitude (in decimal degrees) of approved manhole for discharge of septage:	
Describe methods to prevent and respond to any bypass of treatment or discharges (i.e., power failures, equipment failures, heavy rains, etc.):	

Holding Ponds (for non-domestic wastewater only):	☐ N A
Pond use: ☐ Recirculation ☐ Sedimentation ☐ Cooling ☐ Other (describe):	
Describe pond use and operation:	
If the pond(s) are existing pond(s), what was the previous use?	
Have you prepared a plan to dispose of rainfall in excess of evaporation? ☐ Yes ☐ No	
If so, describe disposal plan:	
Is the pond ever dewatered? ☐ Yes ☐ No	
If so, describe the purpose for dewatering and procedures for disposal of wastewater and or sludge:	
Is(are) the pond(s) aerated? ☐ Yes ☐ No	
Volume of pond(s): gal. Dimensions:	
Is the pond lined (Note if this is a new pond system it must be lined for SOP coverage. Otherwise, you must apply for an Underground Injection Control permit)? ☐ Yes ☐ No	
Describe the liner material (if soil liner is used give the compaction specifications):	
Is there an emergency overflow structure? ☐ Yes ☐ No	
If so, provide a design drawing of structure.	
Are monitoring wells or lysimeters installed near or around the pond(s)? ☐ Yes ☐ No	
If so, provide location information and describe monitoring protocols (attach additional sheets as necessary):	

(continued)

Permit Number: SOP-_____

Mobile Wash Operations:	☐ N A
☐ Individual Operator	☐ Fleet Operation Operator
Indicate the type of equipment, vehicle, or structure to be washed during normal operations (check all that apply):	
☐ Cars	☐ Parking Lot(s): sq. ft.
☐ Trucks	☐ Windows: sq. ft.
☐ Trailers (Interior washing of dump-trailers, or tanks, is prohibited.)	☐ Structures (describe):
☐ Other (describe):	
Wash operations take place at (check all that apply):	
☐ Car sales lot(s)	☐ Public parking lot(s)
☐ Private industry lot(s)	☐ Private property(ies)
☐ County(ies), list:	☐ Statewide
Wash equipment description:	
☐ Truck mounted	☐ Trailer mounted
☐ Rinse tank size(s) (gal.):	☐ Mixed tanks size(s) (gal.):
☐ Collection tank size(s) (gal.):	Number of tanks per vehicle:
Pressure washer: psi (rated) gpm (rated)	Pressure washer: ☐ gas powered ☐ electric
Vacuum system manufacturer model:	Vacuum system capacity: inches Hg
Describe any other method or system used to contain and collect wastewater:	
List the public sewer system where you are permitted or have written permission to discharge waste wash water (include a copy of the permit or permission letter):	
Are chemicals pre-mixed, prior to arriving at wash location? ☐ Yes ☐ No	
Describe all soaps, detergents, or other chemicals used in the wash operation (attach additional sheets as necessary):	

Chemical name:	Manufacturer:	Primary CAS No. or Product No.

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Received Date	Permit Number	Field Office	Reviewer
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